



# DEPARTMENT OF BUSINESS LICENSE APPLICATION/PERMIT SPECIAL EVENT

☐ Charitable Organization

☐ Current Liquor License

DATE OF APPLICATION: \_\_\_\_\_

NAME OF CHARITABLE ORGANIZATION \_\_\_\_\_ REGISTRATION # \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ LIQUOR LICENSE #: \_\_\_\_\_

DATE (S) OF EVENT: From: \_\_\_\_\_ To: \_\_\_\_\_ HOURS: From: \_\_\_\_\_ To: \_\_\_\_\_

ADDRESS OF EVENT: \_\_\_\_\_

ESTIMATED ATTENDANCE: \_\_\_\_\_

DESCRIPTION OF EVENT: \_\_\_\_\_

NAME OF PERSON IN CHARGE OF EVENT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

TYPE OF PERMIT REQUESTED: ☐ BEER (\$50) ☐ BEER & WINE (\$75) ☐ FULL LIQUOR (\$150)

## LIST ALL EMPLOYEES SERVING OR SUPERVISING ALCOHOL DISTRIBUTION

NAME	WORK CARD # AND EXP DATE	ALCOHOL AWARENESS TRAINING EXP DATE

APPLICANT'S PRINTED NAME/TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

**CURRENT PLANNING:** APPROVE/DISAPPROVE APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

**PARKS AND RECREATION:** APPROVE/DISAPPROVE APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**BUSINESS LICENSE:** APPROVE/DISAPPROVE DATE: \_\_\_\_\_ FEE: \_\_\_\_\_ (Not Required for Charitable Organization)

APPROVED BY: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

**THIS IS A FOUR PART FORM. RETURN ALL FOUR (4) PARTS TO THE DEPARTMENT OF BUSINESS LICENSE.**